

FILED JUL 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19527

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ark b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knobel	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) FLORA	b. (Middle) (NONE)	c. (Last) BENNETT	4. DATE OF DEATH (Month) (Day) (Year) July 1 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec 27, 1917	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Gen. Mercandise	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME C. T. BENNETT	13b. MOTHER'S MAIDEN NAME ALLIE E. CHANEY	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Blanche Bennett (sister)	ADDRESS Knobel, Ark
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic infection		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Acute agranulocytosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 297x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-23- 1951, to 7-1- 1951, that I last saw the deceased alive on 7-1- 1951, and that death occurred at 4:45a m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Johnson (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 7/5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 3/51	24c. NAME OF CEMETERY OR CREMATORY Bond	24d. LOCATION (City, town, or county) (State) Knobel, Arkansas
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DATE REC'D BY LOCAL REG. July 7-1951	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE Richard P. Ewald ADDRESS Corning, Ark
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0123
0

RECEIVED

JUL 10 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-310

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard A. Egan

Licensed Embalmer No. 782

P. O. Address

CORN IN G, PA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.